

IT IS ORDERED that the application below is approved.



THOMAS M. RENN
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re:

4 HIM FOOD GROUP, LLC
dba Cosmos Creations

Debtor(s)

Plaintiff(s)

N/A

Defendant(s)

} Case No: 19-62049-tmr11

} APPLICATION FOR SPECIAL
} ADMISSION *PRO HAC VICE*,
} **AND ORDER THEREON**

} Adv. Proc. No. (if applicable): N/A

v.

The undersigned, attorney for the following named party(s): CELTIC CAPITAL CORPORATION
_____, moves for admission of the following attorney *pro hac vice*:

(a) **APPLICANT ATTORNEY INFORMATION**

(1) **Personal Data:**

- (A) Attorney's Name: Christopher D. Crowell
- (B) Firm or Business Affiliation: HEMAR, ROUSSO & HEALD, LLP
- (C) Mailing Address: 15910 Ventura Blvd., 12th Floor, Encino, CA 91436
- (D) Business Telephone Number: (818) 501-3800
- (E) Fax Telephone Number: (818) 501-2985
- (F) E-Mail Address: ccrowell@hrhlaw.com

- (2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number: **see attached Exhibit A**

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:
see attached Exhibit A

- (3) **Certification of Disciplinary Proceedings:**

☒ I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

☐ I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

- (4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

- (b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

(1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

(2) I have verified the information supplied by the applicant in pt. (a)(2).

- (3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number: **Susan S. Ford**

(B) Firm or Business Affiliation: **Sussman Shank LLP**

(C) Mailing Address: **1000 SW Broadway, Suite 1400, Portland, OR 97205**

(D) Business Telephone Number: **(503) 227-1111**

(E) Fax Telephone Number: **(503) 248-0130**

(F) E-Mail Address: **sford@sussmanshank.com**

- (4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83-3 with my associate counsel.

- (c) **SIGNATURES OF COUNSEL**

/s/ Susan S. Ford

/s/ Christopher D. Crowell

Local Counsel

NAME: **Susan S. Ford**

ADDRESS: **1000 SW Broadway, Suite 1400
Portland, OR 97205**

PHONE: **(503) 227-1111**

Special Admissions Applicant

NAME: **Christopher D. Crowell**

ADDRESS: **15910 Ventura Blvd., 12th Floor
Encino, CA 91436**

PHONE: **(818) 501-3800**

Exhibit A

To Application for Special Admission *Pro Hac Vice* of Christopher D. Crowell

State Bar of California, 12/11/07, Bar No. 253103

U.S. District Court, Central District of California, 4/18/12

U.S. District Court, Eastern District of California, 5/14/10

U.S. District Court, Northern District of California – 6/04/10

U.S. District Court, Southern District of California, 4/19/12

Ninth Circuit Court of Appeals, 12/4/12